



2006 LIMITED PARTNERSHIP REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL 10 AM 11:03

DOCUMENT # A03000000995 1. Entity Name FLORIDA COUNTRY CLUB PROPERTIES, LTD.					
Principal Place of Business 166 HWY. A1A NORTH PONTE VEDRA BEACH, FL 32082			Mailing Address 166 HWY. A1A NORTH PONTE VEDRA BEACH, FL 32082		
2. Principal Place of Business 5150 Palm Valley Rd.		3. Mailing Address 5150 Palm Valley Rd.			
Suite, Apt. #, etc. Suite 208		Suite, Apt. #, etc. Suite 208			
City & State Ponte Vedra Beach, FL		City & State Ponte Vedra Beach, FL			
Zip 32082		Country USA		4. FEI Number 20-0091035	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent HENDERSON KEASLER LAW FIRM, P.A. 4309 PABLO OAKS COURT SUITE FIVE JACKSONVILLE, FL 32224					
7. Name and Address of New Registered Agent Name Keasler Law Firm Street Address (P.O. Box Number is Not Acceptable) 10407 Centurion Pkwy N. #112 Jacksonville FL 32256					
8. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes. SIGNATURE: <u>[Signature]</u> DATE: <u>7/5/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)</small>					
FILE NOW!!! FEE IS \$1000.00			In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # P03000075673 NAME AR CLUB MANAGEMENT, INC. STREET ADDRESS 2525 COUNTRY CLUB BLVD. CITY-ST-ZIP ORANGE PARK, FL 32073			STREET ADDRESS CITY-ST-ZIP		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes. SIGNATURE: <u>[Signature]</u> DATE: <u>7/6/06</u> (904) 339-0255 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE

REINSTATEMENT 05-06